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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For C	Other Than An	Authorized	d Commi	ttee		Office Use	Only	
NAME OF COMMITTEE (in f		OR PRINT ▼		ample: If ty or the lines.		12FE4M	5	]	
COURAGEOUS	CONSER	VATIVES PA	C	1 1 1	1 1 1 1 1			1 1 1	I
	1.5 H	Halifax Ct							
ADDRESS (number and									
Check if different									
than previous reported. (AC	C) Ma	arlton				NJ	08053		
2. <b>FEC IDENTIFICA</b>	TION NUMBE	ER ▼	CITY ▲			STATE A	ZI	P CODE	<b>A</b>
C C00587022		]	3. IS THIS REPORT	×	NEW (N) <b>OR</b>	AN (A)	MENDED		
4. TYPE OF REPO	ORT (b	) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	- 1	May 20 (M5)		20 (M8) 20 (M9)	(Noi Yea	v 20 (M11) n-Election r Only) c 20 (M12)
(a) Quarterly Repo	orts:	H	Apr 20 (M4)	님	Jul 20 (M7)			(Noi Yea	n-Electiòn r Only)
April 15 Quarterly	Report (Q1)	(1)	Api 20 (W4)		` ′		20 (M10)	-	1 31 (YE)
July 15 Quarterly	Report (Q2)	(c) 12-Day PRE-Election	n 📙	Primary (1	2P)	General	(12G)	Rur	noff (12R)
October 1	15	Report for the	ne:	Convention	n (12C)	Special (	12S)		
January 3	Report (Q3) 31 Report (YE)	E	lection on	M = M	/ D D /	YIYIYI		n the State of	
July 31 M	lid-Year lon-election	(d) 30-Day POST-Electi Report for the		General (3	0G)	Runoff (3	30R)	Spe	ecial (30S)
Terminatio (TER)	on Report		lection on	M M M	08	2016		the state of	
5. Covering Period	10		016	through	11 <sub>_</sub>	28	2016	Y	
I certify that I have exa			st of my kno	wledge and	d belief it is tru	ue, correct and	d complete.		
Type or Print Name of		urtis, Elizabeth, , ,							
Signature of Treasurer	Curtis, Eliza	abeth, , ,		[Electronica	ully Filed] [	Date 12	/ 07		y y y y 016
NOTE: Submission of fa	llse, erroneous,	or incomplete inforr	mation may su	ubject the p	erson signing t	his Report to the	ne penalties	of 52 U.S	S.C. § 3010
Office Use								FORM . 05/2016	3X

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)
Page 2

Write or Type Committee Name

F	lepor		M / D D / Y Y Y Y Y Y 10	To: 11 28 2016
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1, 2016		7168.24
	(b)	Cash on Hand at Beginning of Reporting Period	24.22	
	(c)	Total Receipts (from Line 19)	15420.00	275700.21
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15444.22	282868.45
<b>7</b> .	Tota	al Disbursements (from Line 31)	11815.00	279239.23
3.	Re	sh on Hand at Close of porting Period btract Line 7 from Line 6(d))	3629.22	3629.22
).	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on nedule C and/or Schedule D)	0.00	
0.	the	ots and Obligations Owed BY Committee (Itemize all on nedule C and/or Schedule D)	202501.35	

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### **COURAGEOUS CONSERVATIVES PAC**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	0.00	111712.00
(ii) Unitemized	0.00	9741.48
	0.00	121453.48
Lines II(a)(i) and (ii)	0.00	7 7 7
b) Political Party Committees	0.00	0.00
,	0.00	2500.00
The state of the s	0.00	2500.00
	0.00	123953.48
	0.00	123933.40
	2.00	0.00
Party Committees	0.00	0.00
All Loans Received	15420.00	145501.35
	0.00	0.00
	0.00	0.00
·	0.00	6245.38
	0.00	0243.30
	0.00	0.00
	0.00	0.00
· ·	2.22	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
·	0.00	0.00
(ITOTA Scriedule 115)	0.00	0.00
b) Levin Funds (from Schedule H5)	0.00	0.00
.,	7	
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Jaistina. 1941 to Bate
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures	11395.00	90868.56
(add 21(a)(i), (a)(ii), and (b))▶	11395.00	90868.56
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	420.00	188370.67
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	7 7 7 7	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	3.00	4 4
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	000	200
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	20))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	2.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	7 7	
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		070000
	11815.00	279239.23
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	11815.00	279239.23
•	7 7	21 9239.23

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	123953.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	123953.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	11395.00	90868.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	6245.38
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11395.00	84623.18

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

23 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the 11b 11a 11c 12 Detailed Summary Page 14 15 16

**X** 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **COURAGEOUS CONSERVATIVES PAC** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Ekstrom, Christopher, , , Date of Receipt Mailing Address 25 Highland Park Village 2016 Suite 100 11 16 City Zip Code State Transaction ID: SA13.4948 TX **Dallas** 75205 Amount of Each Receipt this Period FEC ID number of contributing C 15420.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self-employed Investor Receipt For: Aggregate Year-to-Date ▼ Primary General 145501.35 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

#### S 17

SCHEDULE B (FEC Form 3X)			FOR LIN	R LINE NUMBER: PAGE 7 OF 23			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		only one) Ib 22	· ·		
	Detailed			3a 28b	28c	29 27 30b	
Any information copied from such Reports and State	ments may	not be sold or us	ed by any p	erson for the	purpose	of soliciting contributions	
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
$ \hspace{.05cm} \rangle$ COURAGEOUS CONSERVATIVE	ES PAC	•					
Full Name (Last, First, Middle Initial)							
A. Atlantic Media	Date of	of Disburse	ement				
Mailing Address Doy 207	M N		18 2016				
Mailing Address Box 297						2010	
City	State	Zip Code		FEC I	dentificatio	n Number	
Rodanthe Purpose of Disbursement	NC	27968					
Media Consulting			T				
Candidate Name			Oatanani			ID: SB21B.4946	
			Category/ Type	Amour	it of Each	Disbursement this Period	
Office Sought: House Disburse	ement For:	2016		T   [		11265.00	
Senate	Primary	Primary General					
President	Other (sp	pecify) 🔻		M	emo Item		
State: District:				+-			
Full Name (Last, First, Middle Initial)  B. Midwest Freedom Enterprises				Date of	of Disburse	ement	
- Midwest i reedom Enterprises				M		D / Y Y Y Y	
Mailing Address PO Box 7811				11		23 2016	
City Des Moines	State IA	'   FEC Identification Number				n Number	
Purpose of Disbursement	1/	50323		С			
Website Services			Ι		on o o o ti o n	ID : SB21B.4947	
Candidate Name			Category/	-		Disbursement this Period	
			Type			45.00	
	ement For:					45.00	
Senate President	Primary Other (sn	nary K General er (specify)			-		
State: District:	Other (op	(CONY)		M	emo Item		
Full Name (Last, First, Middle Initial)							
C.				Date of	of Disburse	ement	
Mailing Address				M - N	/ D	D / Y Y Y Y	
Mailing Address							
City	State	Zip Code		FEC I	dentificatio	n Number	
Durnage of Dishuragment							
Purpose of Disbursement							
Candidate Name	Amour	nt of Each	Disbursement this Period				
			Category/ Type	Amour	it of Lacif	Disbursement this renou	
Office Sought: House Disburse	ement For:				-	4	
Senate			,	,			
President Pictrict:	M	emo Item					
State: District:							
SUBTOTAL of Disbursements This Page (optional).						11310.00	
222 Caracamenta Tino Fago (optional).				-  =		7 7	
TOTAL This Period (last page this line number only	/)					11310.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			Potanea cammary rago
AME OF COMMITTEE (In Full) COURAGEOUS CONSE	ERVATIVE	S PAC	Transaction ID : SC/10.4280
LOAN SOURCE Full Name (Ekstrom, Christopher, , ,			N ☐ Memo Item
Mailing Address 25 Highland P	ark Village		General Other (specify) ▼
Suite 100		State	ZIP Code
Dallas Original Amount of Loan		TX Cumulative Pay	75205  /ment To Date  Balance Outstanding at Close of This Period
Original Amount of Loan Cumulative Payment  12000.00			0.00 12000.00
	2015 Y	M M / D D	ate Due Interest Rate Secured:  0.00 % (apr) Yes X No
List All Endorsers or Guaran  1. Full Name (Last, First, Midd		to Loan Source	Name of Employer
T. Tuli Name (Last, Flist, Midt	ne miliai)		reality of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	dle Initial)	,	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	dle Initial)	,	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page	age (optional)		12000.00
TOTALS This Period (last page i	n this line on	ly)	
Carry outstanding halance only	to LINE 3 Sc	hedule D for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			Potation Summary 1 ags   1 Off Elive 15 of 1 Offivi 5X
AME OF COMMITTEE (In Full) COURAGEOUS CONSE	ERVATIVE	S PAC	Transaction ID: SC/10.4281
LOAN SOURCE Full Name (Ekstrom, Christopher, , ,			N
Mailing Address 25 Highland P Suite 100	ark Village		General Other (specify) ▼
City		State	ZIP Code
Dallas TX			75205
Original Amount of Loan		Cumulative Pay	/ment To Date Balance Outstanding at Close of This Period
7 . 7	15000.00		0.00 15000.00
	2015	M M / D D	ate Due Interest Rate Secured:  / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
List All Endorsers or Guaran  1. Full Name (Last, First, Midd		to Loan Source	Name of Employer
1. Tuli Name (Last, Flist, Mide	ne miliai)		reality of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page	age (optional)		15000.00
TOTALS This Period (last page i	n this line on	ly)	· · · · · · · · · · · · · · · · · · ·
Carry outstanding halance only	to LINE 3 Sc	hedule D for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfilliary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	S PAC	Transaction ID : SC/10.4283		
LOAN SOURCE Full Name (Last, First, Mi Ekstrom, Christopher, , ,	ddle Initial)	N		
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
30000.00	-	0.00 30000.00		
TERMS  Date Incurred	D	te Due Interest Rate Secured:		
M 11 M / D 17 D / Y 2015	M = M / D = D	% (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	RVATIVE	ES PAC	Transaction ID : SC/10.4404
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	ast, First, M	liddle Initial)	N
Mailing Address 25 Highland Par Suite 100	k Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	500.00	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  6500.00
TERMS  Date Incurred  Date Due  05 / Y 2016  Date Due			ate Due Interest Rate Secured:  11/8/16  0.00  (apr)  Yes X No
List All Endorsers or Guaranto  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Pag	this line on	ly)	
Carry outstanding balance only to	LINE 3, So	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4405
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	Middle Initial)	N
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
20000.00		0.00 20000.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M 01 M / D 22 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M = M / D = D	/ 11/8/16 0.00 % (apr) Yes <b>✗</b> No
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	al)	20000.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding halance only to LINE 3.5	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OTT OTHER SX
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIV	ES PAC	Transaction ID : SC/10.4406
LOAN SOURCE Full Name (Last, First, I Ekstrom, Christopher, , ,	Middle Initial)	N ☐ Memo Item
Mailing Address 25 Highland Park Village Suite 100		Other (specify) ▼
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period
8000.00		0.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M01	M = M / D = D	/ 11/8/16 0.00 % (apr) Yes ✗ No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optiona	l)	8000.00
TOTALS This Period (last page in this line o	nly)	
Carry outstanding halance only to LINE 3.9	chedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X			
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4500				
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	N ☐ Memo Item				
Mailing Address 25 Highland Park Village		Other (specify) ▼			
Suite 100					
City	State	ZIP Code			
Dallas	TX	75205			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
8500.00	8500.00 0.00				
TERMS  Date Incurred	D	ate Due Interest Rate Secured:			
M 02	M = M / D = D	0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any)	to Loan Source				
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
TOTALS This Period (last page in this line on		line. If no Schedule D, carry forward to appropriate line of Summary.			

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Full)	Transaction ID: SC/10.4505			
COURAGEOUS CONSERVATIVE	S PAC			
LOAN SOURCE, Full Name (Last, First, Mi	ddle Initial)	N ☐ Memo Item Election:		
Ekstrom, Christopher, , ,	Primary General			
Mailing Address 25 Highland Park Village	Other (specify) ▼			
Suite 100				
City	City State ZIP Code			
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
30000.00		0.00 30000.00		
TERMS  Date Incurred	D	ate Due Interest Rate Secured:		
02 12 Y 2016	M M / D D	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any) t	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
		Occuration		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount		
		Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		<u> </u>		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)		30000.00		
TOTALS This Period (last page in this line only	y)			
Carry outstanding balance only to LINE 3 Sci	hedule D. for this	line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Sulfillary Page FOR LINE 13 OF FORM 3X		
IAME OF COMMITTEE (IN FUII) COURAGEOUS CONSERVATIVE	Transaction ID : SC/10.4510			
LOAN SOURCE Full Name (Last, First, M Ekstrom, Christopher, , ,	N			
Mailing Address 25 Highland Park Village		Other (specify) ▼		
Suite 100				
City	State	ZIP Code		
Dallas	TX	75205		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period		
17000.00	0.00 17000.00			
TERMS  Date Incurred	D	tte Due Interest Rate Secured:		
M 02 M / D 22 D / Y 2016	M = M / D = D	0.00 % (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source			
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	'	Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
		line. If no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON
IAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	VES PAC	Transaction ID : SC/10.4555
LOAN SOURCE Full Name (Last, First Ekstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village Suite 100	Other (specify) ▼	
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	yment To Date Balance Outstanding at Close of This Period
10000.00		0.00 10000.00
TERMS  Date Incurred	D M M / D D	ate Due Interest Rate Secured:
03 18 2016	W - W / D - D	% (apr) Yes X No
List All Endorsers or Guarantors (if an	y) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	e ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	<u> </u>	Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City	e ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	nal)	10000.00
TOTALS This Period (last page in this line	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTALINE TO TOTAL TO OF TOTAL ON
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	/ES PAC	Transaction ID : SC/10.4892
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	N	
Mailing Address 25 Highland Park Village Suite 100	Other (specify) ▼	
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Page	yment To Date Balance Outstanding at Close of This Period
4567.89		0.00 4567.89
TERMS  Date Incurred	C	ate Due Interest Rate Secured:
M 07	M   M / D   D	0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any	/) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	,	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	4567.89
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

			Potanou cummary rago   Torr Elive 15 or Fortivi 5X
AME OF COMMITTEE (In Full) COURAGEOUS CONSE	ERVATIVE	S PAC	Transaction ID : SC/10.4891
LOAN SOURCE Full Name (Ekstrom, Christopher, , ,			N
Mailing Address 25 Highland Park Village Suite 100			General Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan		Cumulative Pay	/ment To Date Balance Outstanding at Close of This Period
7 7	6000.00		0.00 6000.00
	2016 Y	M M / D D	ate Due Interest Rate Secured:  0.00 % (apr) Yes X No
List All Endorsers or Guaran  1. Full Name (Last, First, Midd		to Loan Source	Name of Employer
T. Tuli Name (Last, Flist, Wilde	aic iiitiai)		Tame of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Midd	dle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Midd	dle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Midd	dle Initial)	·	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This P	age (optional)		6000.00
TOTALS This Period (last page i	n this line on	ly)	······································
Carry outstanding halance only	to LINE 3 Sc	hedule D for this	s line If no Schedule D. carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

AME OF COMMITTEE (In Full) COURAGEOUS CONSER	RVATIVE	S PAC	Transaction ID : SC/10.4918
LOAN SOURCE Full Name (La Ekstrom, Christopher, , ,	st, First, M	iddle Initial)	N
Mailing Address 25 Highland Park Suite 100	Village		Other (specify) ▼
City		State	ZIP Code
Dallas		TX	75205
Original Amount of Loan	013.46	Cumulative Pay	ment To Date  Balance Outstanding at Close of This Period  0.00  10013.46
Date Incurred  M 08		M M / D D	ate Due Interest Rate Secured:  12/31/2020 0.00 % (apr) Yes X No
List All Endorsers or Guaranton  1. Full Name (Last, First, Middle		to Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	City State ZIP Code		Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle	Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page  FOTALS This Period (last page in t	his line on	ly)	
Carry outstanding balance only to	LINE 3, Sc	hedule D, for this	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.4934 **COURAGEOUS CONSERVATIVES PAC** Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Ekstrom, Christopher, , , Memo Item Primary General Mailing Address 25 Highland Park Village Other (specify) ▼ Suite 100 City State ZIP Code Dallas 75205 TX Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 9500.00 9500.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 19 09 2016 12/31/2020 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 9500.00 TOTALS This Period (last page in this line only)..... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

		TOTALINE TO OTT OTHER SX
NAME OF COMMITTEE (In Full) COURAGEOUS CONSERVATI	Transaction ID : SC/10.4948	
LOAN SOURCE Full Name (Last, First, Ekstrom, Christopher, , ,	N ☐ Memo Item	
Mailing Address 25 Highland Park Village Suite 100	Other (specify) ▼	
City	State	ZIP Code
Dallas	TX	75205
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period
15420.00		0.00 15420.00
TERMS  Date Incurred	D	ate Due Interest Rate Secured:
M 11 / 16 / Y 2016	M = M / D = D	/ 12/31/2020
List All Endorsers or Guarantors (if any	) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
City State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	al)	15420.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3	Schedule D. for this	s line. If no Schedule D. carry forward to appropriate line of Summary

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 23
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)  COURAGEOUS CONSERVATIVES PAC				
COURAGEOUS CONSERVATIVES I	AC			C C00587022
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Ekstrom, Christopher, , ,		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 25 Highland Park Village				11 03 2010
Suite 100				Amount
City	State	Zip Code		420.00
Dallas	TX	75205		Transaction ID : SE.4940 Date of Disbursement or Obligation
Purpose of Expenditure Social Media Buy		Category/ Type		11 09 7 2016
Name of Federal Candidate:		<b>X</b> Support	Office	Sought: House District:
Castle, Darrell, , ,		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 I I A	1420.00	Disbui 2016	rsement For:  Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
				M M / D D / Y Y Y Y
Mailing Address				Amount
				Amount
City	State	Zip Code		
Purpose of Expenditure				Date of Disbursement or Obligation
Turpose of Experiation		Category/ Type		M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbu	rsement For: Primary General
	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	420.00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(a) TOTAL Independent Expenditures			•	420.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Curtis, Elizabeth, , ,	[Electronically Fil	ed] Date	e 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y